PUBLIC HEALTH, WELFARE & SAFETY
Exhibit No. 10
Date 1-28-2009
Bill No. SB 233

Senate Bill 233

Good Afternoon Mr. Chairman, Members of the Committee.

I'm Ginny Hill, and I am here today on behalf of the Montana Psychiatric Association For the past 23 years, I have worked as a psychiatric physician at Montana State Hospital. I'm here today to respectfully request that you oppose Senate Bill 233. Just briefly, I would just like to take the time to make 3 summary points which I believe should be taken into consideration as you deliberate this bill.

My first point is that no matter how nicely it is packaged, the stark reality is that the proposed training in this bill is woefully inadequate to safely prescribe psychotropic medications. We're not talking a difference of a few hours in training between psychologists and medical professionals, we're talking years. Since this issue was first raised with the Montana legislature 14 years ago, I have wondered why we would even consider a few 100 hours to be adequate when 1000's of hours are demanded of an independent medical professional before a license will be issued. This bill requires no prerequisite training in the biological sciences, so there is no reason that at some future legislative session social workers, marriage and family counselor, chemical dependency counselors, and licensed clinical professional counselors should not request similar privileges. They, after all, also have expertise in understanding human behavior.

My second point is that granting prescriptive authority to psychologists will not solve the problem of access to care. We have enough prescribing practitioners in Montana. They may be maldistributed, but there are options the government can utilize to enourage prescribers to practice in underserved areas, i.e., loan repayment programs, differential reimbursements for office visits. Rural America shares this challenge. There are maps in the information packets we have distributed that show where psychiatrists, primary care physicians, and psychologists are currently practicing in Montana.

My third point is that psychotropic medications have great potential for good, as well as great potential for harm. These medications are metabolized in the body, not the brain, which is why a medical background is so necessary to safely prescribe them. They are second only to cancer chemotherapy medications in terms of the potential for interactions with other medications and number of FDA black box warnings. Our patients expect us to be with them through the best of times and the worst of times. They trust us to have a comprehensive knowledge of what to do in both situations. For the health and safety of our most vulnerable citizens, please oppose Senate Bill 233.

MEMORANDUM

To: Members of the Senate Public Health, Welfare, and Safety Committee
From: Virginia Hill, M.D., Secretary-Treasurer of the Montana Psychiatric Association
Date: January 28, 2009
Re: **Please Oppose SB 233 "An Act Revising Laws Relating to Psychology"**

Please consider these 10 reasons to oppose prescriptive privileges for psychologists:

1. Psychotropic medications impact every organ in the body, and we wouldn't conceive of allowing physicians to prescribe these medications with 400 hours of training.

2. There are already 100's of highly qualified prescribers in Montana, including Physician Assistants, Advanced Practice Registered Nurses, and Physicians.

3. The economic realities that cause a maldistribution of these providers will not be overcome by adding a new group of providers. Prescribing psychologists would face the same economic reality as current prescribers do when considering a rural practice: needing a sufficient volume of adequately insured patients to meet expenses, pay malpractice insurance premiums, and earn a living.

4. Pills are not the answer to every mental health problem. In fact, there's a growing resistance to a knee jerk pharmaceutical response for every discomfort. Psychologists are uniquely qualified to perform research tasks and psychological assessments, conduct complex psychological testing, and provide any number of psychotherapies to help people cope with mental health problems and make lifestyle changes.

5. Diagnosing and treating mental illnesses in the disabled and low income population is a particularly challenging task as there are often complicating substance abuse and medical issues to deal with. These patients present the greatest therapeutic challenges to those of us with the most training in this field. It would seem to be an ethical quagmire to ignore these realities, and subject this particularly vulnerable population to care by providers with the least amount of training.

6. Psychologists themselves are divided about pursuing prescriptive authority, and have voiced concerns regarding the adequacy of psychology prescription training programs.

7. Access problems are being addressed by the increasing use of telemedicine, the provision of psychopharmacology seminars in Montana for non-psychiatric physicians and mid-level practitioners, and the soon availability of a psychiatric telephone consultation service funded by the DPHHS.

8. Similar bills proposed in other parts of the country have been overwhelmingly rejected as ill-conceived, costly, and dangerous. The Montana Legislature has already twice voted against allowing psychologists to prescribe psychotropic medications.

9. There are a number of career paths available to psychologists who truly appreciate the complexities involved in safely prescribing medications that affect every organ system in the body.

10. SB 233 will not solve mental health care access problems, would involve licensing and monitoring a new groups of prescribers at unknown costs and risks, and would subject our most vulnerable citizens to prescribers least qualified to treat them.

MONTANA PSYCHIATRIC ASSOCIATION

Opposition to SB 233

THERE IS NO SHORT CUT TO BECOMING A PRESCRIBING PRACTITIONER.

GIVING PSYCHOLOGISTS PRESCRIBING AUTHORITY WILL NOT SOLVE THE ACCESS TO CARE PROBLEM.

PSYCHOTROPIC MEDICATIONS ARE SECOND ONLY TO CANCER CHEMOTHERAPY IN POTENCY, SIDE EFFECTS, AND POTENTIAL FOR LETHAL OR FATAL OUTCOMES.

NOT ALL PSYCHIATRIC SYMPTOMS ARE CAUSED BY PSYCHIATRIC CONDITIONS. THE PRACTITIONER MUST BE COMPETENT TO TREAT THE PATIENT, NOT JUST THE SYMPTOM.

THE SUPPORT OF THIS BILL WILL JEOPARDIZE THE HEALTH AND SAFETY OF OUR MOST VULNERABLE CITIZENS.

THERE IS NO SHORT CUT TO BECOMING A PRESCRIBING PRACTITIONER.

SB 233 is requesting that this Legislature grant doctoral level psychologists prescription writing authority after 400 hours of training in pharmacology.

To receive a Doctor of Medicine degree (M.D.), the practitioner must have a minimum of 4000 hours of training. These 4000 hours, alone, will not allow an M.D. to write an independent prescription. There must follow a minimum of one year of internship training, and most states now require 3 years of residency training before independent prescription privileges are granted.

The average psychiatry resident spends 11,520 hours in training after medical school before being allowed to write an unsupervised prescription for a psychotropic drug.

"What the psychologists are asking for is the right to practice medicine without going to medical school...Psychologists are trying to achieve through legislation what they don't achieve through education." Maurice Rappaport, M.D., Ph.D., past president of the California Psychiatric Association.

GIVING PSYCHOLOGISTS PRESCRIBING AUTHORITY WILL NOT SOLVE THE ACCESS TO CARE PROBLEM.

In every corner of rural America there are entire communities of people who never see a specialist without driving hundreds of miles. The economic reality is that the average specialist could not even pay their malpractice premium practicing in such a small population base, much less feed their families.

This economic reality is not going to change simply because the practitioner changes. As New Mexico has shown, none of the psychologists granted prescribing privileges have moved from their metropolitan areas. Not one.

PSYCHOTROPIC MEDICATIONS ARE SECOND ONLY TO CANCER CHEMOTHERAPY IN POTENCY, SIDE EFFECTS, AND POTENTIAL FOR LETHAL OR FATAL OUTCOMES.

50-70% of all psychiatric patients have co-existing medical problems for which they are taking one or more medications. The interaction of blood pressure or diabetic medication with anti-depressants or anti-psychotic medications requires far more knowledge of physiology, pathophysiology, biochemistry, pharmacology, and organ function than can possibly be taught in 400 hours.

How could anyone reasonably believe that a psychologist with absolutely no medical training whatsoever, not even knowing how to take a blood pressure, could safely prescribe these potent chemicals?

It is naïve and dangerous to suggest that a crash course in pharmacology will safely supplant what otherwise requires eight (8) years of intense study in medical school and residency, especially in the absence of any grounding in the basic medical sciences.

NOT ALL PSYCHIATRIC SYMPTOMS ARE CAUSED BY PSYCHIATRIC CONDITIONS. THE PRACTITIONER MUST BE COMPETENT TO TREAT THE PATIENT, NOT JUST THE SYMPTOM.

Psychologists simply do not have the requisite training necessary to formulate a differential diagnosis and rule out the medical causes of psychiatric symptoms.

Often an elderly patient who presents with memory loss, confusion and delirium has an underlying infection rather than a primary psychiatric condition. Treating this patient with an anti-psychotic medication rather than diagnosing the underlying infection can result in death.

Making the correct diagnosis requires a deep, multidimensional, in-depth understanding not only of pharmacology, but also of physiology, internal medicine, pathology, neurology, drug to drug

interactions, mitochondrial enzyme pathways, receptor functionality and bioavailability.

Psychologists simply do not have the training or understanding with which to treat the patient.

HAVING THE BOARD OF PSYCHOLOGY ESTABLISH THE TRAINING REQUIREMENTS FOR PRESCRIPTION PRIVILEGES IS CONCERNING.

There has been no delineation of the qualifications of the Board of Psychology personnel who will be setting up the criteria for training and licensing people to write prescriptions.

WHAT IS THE MEANING OF "OTHER TREATMENT PROCEDURES WITHIN THE SCOPE OF PRACTICE OF PSYCHOLOGY"?

It would be very easy to focus on the prescribing aspect of this bill and overlook what is almost the "fine print". Under Section 9, Subsection 9, entitled "Prescriptive Authority", the Psychology Board is also asking for psychologists to have the authority to prescribe "other treatment procedures within the scope of practice of psychology *in accordance with regulations adopted by the board."* (Emphasis added). Passing this bill would mean that the Board of Psychology could theoretically certify a psychologist to perform ECT, or even brain surgery.

THE SUPPORT OF THIS BILL WILL JEOPARDIZE THE HEALTH AND SAFETY OF OUR MOST VULNERABLE CITIZENS.

Simply because of the paucity of medical care in the rural areas, every precaution must be taken to insure that the care they do get is competent, trained care. Because the side effects of psychotropic drugs can be so incredibly catastrophic no one who is not competent to deal with these side effects should be allowed to prescribe them.